

## Cultural Affairs Art Camp TEEN INTERNSHIP APPLICATION

Name:			M	F Ethnicity (optional)		
Age:			_			
Address:		City:		State:	Zip:	
Phone #:	Emergen	cy #:	Em	ail:		
School Attending:				Grade:		
If under 18, print name and	d number of parent	to contact:				
Name:			contact#:			
Waiver of Liability: I give my permis representatives of any legal obligation in activities of the Department of Cultural	the event of accident or injury					
Signature of Parent/Legal	Guardian		Date			
Please check 1-3 medi Glass Paint	ing Drawing	g Cerami	•	<b>f descriptic</b> ater Tech	on as to why: Paper Crafts	Fibers
1.)						
2.)_						
3.)						
Are you currently employed?	YES NO	If yes, please expla	in where.			
Have you worked with childre		0 0 1 17		If yes, e	explain where and	briefly list
Do you have your own transp	ortation? YES	NO If no, p	lease explain ho	w you will ge	et to assignment.	
Please list two(2) references:				Phone #	<u> </u>	
	Name:			Phone #	•	



## Cultural Affairs Art Camp TEEN INTERNSHIP Availability

ame
een Cell Phone or Contact Number
arent/Guardian Name
ontact Phone Number
o you have a sibling coming to Summer Art Camp? YES NO
yes, which week, or weeks?
ease designate with a number (ex. 1st choice, 2nd choice, 3rd choice) of which week or weeks you ar
railable to volunteer for summer art camp.
Session 1 - June 2 - June 6
Session 2 - June 9 – June 13
Session 3 - June 16 – June 20
Session 4 - June 23- June 27
Session 5 - July 7 – July 11
Session 6 - July 14 – July 18
Session 7 - July 21 – July 25
Session 8 - July 28 – August 1
Session 9 - August 4 – August 8 (½ Day Preschool Art Camp, 9am - noon)
eturn information to: Christine Hefner, Visual Arts Coordinator <u>chefner@savannahga.gov</u> 912-651-6783